

REQUEST #: \_\_\_\_\_  
(To be assigned by the Commission on Congressional Mailing Standards)

**SINGLE DROP MASS MAIL OBLIGATION FORM**  
**U.S. HOUSE OF REPRESENTATIVES**

**THIS FORM APPLIES TO ALL SINGLE DROP MASS MAILINGS TO BE ACCOUNTED FOR ON A U.S. POSTAL SERVICE 3600-PM AND/OR 3602-R FORM**

**To be submitted to:**

Commission on Congressional Mailing Standards  
1338 Longworth House Office Building  
Washington, DC 20515-6157  
Telephone: Majority 202-225-9337; Minority 202-225-2061  
Fax: Majority 202-226-0047; Minority 202-225-7664

**To be recorded at:**

Office of Finance  
B-241 Longworth House Office Building,  
Washington, DC 20515-6604  
Telephone: 202-225-7474  
Fax: 202-226-1608

**Office of:** \_\_\_\_\_ **State:** \_\_\_\_\_ **District:** \_\_\_\_\_

**Staff Contact:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Description of Mailing:** \_\_\_\_\_

DOCUMENT ID # (CAO USE ONLY)	<b>PRINTING SERVICES</b> (complete this section <u>only if</u> services will be provided by an outside vendor) Vendor's name: _____ Address: _____ Amount: \$ _____
DOCUMENT ID # (CAO USE ONLY)	<b>DESIGN AND/OR LAYOUT SERVICES</b> (complete this section <u>only if</u> services will be provided by an outside vendor) Vendor's name: _____ Address: _____ Amount: \$ _____
DOCUMENT ID # (CAO USE ONLY)	<b>MAILING SERVICES</b> (complete this section <u>only if</u> services will be provided by an outside vendor) (FOLDING, STUFFING, LABELING, INSERTING, ETC.) Vendor's name: _____ Address: _____ Amount: \$ _____
DOCUMENT ID # (CAO USE ONLY)	<b>DISTRIBUTION VIA U.S. POSTAL SERVICE</b> Mail rate: <input type="checkbox"/> First Class <input type="checkbox"/> Presorted Standard <input type="checkbox"/> Postal Customer Anticipated distribution date: _____ Number of Pieces: _____ Amount: \$ _____

**TOTAL AMOUNT TO BE OBLIGATED: \$** \_\_\_\_\_

I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND THAT THE AMOUNTS STATED ARE BASED ON THE BEST ESTIMATES AVAILABLE TO DATE AND HEREBY AUTHORIZE THE CAO TO OBLIGATE THE STATED AMOUNTS IN MY MRA.

MEMBER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_